

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



July 13, 1990

ALL COUNTY INFORMATION NOTICE NO. I-52-90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SIDWELL v. McMAHON COURT CASE

REFERENCE: ACL 90-27

This letter provides the County Welfare Departments with copies of forms and NOA message language which incorporate the Sidwell policy as defined by ACL 90-27 dated March 16, 1990. The attached forms and NOA messages are:

CA 81 (4/90)	M42-213E1	M42-213E3
CA 82 (5/90)	M42-213E2	M42-213E4

A checkbox element has been added to the bottom of the CA 82 Coversheet. When appropriate, this element should be checked and completed to remind clients to contact the County regarding the status of their property.

The CA 81 and 82 will not be stocked in the DSS Warehouse. Counties may obtain camera-ready copies by contacting Ms. Nancy Ward, Forms Management Unit, at (916) 322-8738 or ATSS 492-8738.

Translated versions of the forms and NOA messages will follow under separate cover.

If you have any Sidwell questions, you may contact Mr. Jim Mullany of my staff at (916) 445-7884. Your form questions can be directed to Ms. Barbara Cox at (916) 324-2014. For questions regarding the NOA messages, you may contact Mr. Dennis Ragasa at (916) 324-2658.

  
ROBERT A. HOREL  
Deputy Director

Attachments

cc: CWDA

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

RECORDING REQUESTED BY:

OR RECORDER'S USE

WHEN RECORDED MAIL TO:

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

**LIEN**

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, I, \_\_\_\_\_, (THE UNDERSIGNED)

grant the COUNTY of \_\_\_\_\_, a political subdivision of the State of California, a lien against the real property owned by me or in which I have an interest as described below. This lien is granted as security for the amount I owe the

County of \_\_\_\_\_ because of the agreement signed on \_\_\_\_\_, for myself, my spouse, or my children beginning the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

I hereby waive the defense provided by the statute of limitations.

This lien is binding upon myself, my heirs, executors, administrators, and assignees.

The following is a true and correct description of the real property owned by me or in which I have an interest:  
(Attach additional pages if necessary)

NAME(S) OF OWNER(S) AS IT APPEARS ON THE COUNTY TAX ASSESSOR'S ROLLS

THE AUTHORITY FOR THIS LIEN IS FOUND IN W&I CODE 11257.5

SIGNATURE OR MARK	DATE	PRINTED NAME IN FULL
SIGNATURE OR MARK OF SPOUSE	DATE	SPOUSE'S PRINTED NAME IN FULL
SIGNATURE OF WITNESS TO MARK(S)	DATE	

**NOTARIZATION**

SEAL

State of California, County of \_\_\_\_\_, ss. On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me the undersigned, a notary public in the State of California, personally appeared \_\_\_\_\_ and \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she or they) executed it.

NOTARY SIGNATURE	TITLE	DATE
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# IMPORTANT INFORMATION ABOUT THIS AGREEMENT

## 1. You must make a good faith effort to sell the property under the terms of this Agreement.

When you sign the other side of this form, you agree to start right now to take steps to sell the property and to continue to make a good faith effort to sell the property until it is sold or until your resources are less than the amount a family may have and still get cash aid. To make a good faith effort to sell the property you must, at a minimum, either:

- a) List the property for sale with a licensed real estate broker and be willing to negotiate the price and the terms of the sale with potential buyers, or
- b) Make an individual effort to sell the property which shall include all of the following:
  - Advertise once a week, in at least one newspaper of general circulation, that the property is for sale. You may stop advertising the sale, or spending your money to sell it, when your resources are no longer more than the amount a family may have and still get cash aid.
  - Place a sign on the property indicating that the property is for sale. Whenever possible the sign shall be visible from the street.
  - Be willing to negotiate the price and the terms of the sale with potential buyers and respond to all reasonable inquiries about the property.

## 2. You must try to sell the property at no more than its approximate fair market value.

The fair market value of the property is your choice of:

- The assessed value of the property, or
- A valuation of the market value of the property obtained by you from a licensed real estate broker.

When the property is located in a remote area and it is not possible or not practical to get a valuation, and you believe that the assessed value is too high or too low, the county and you may agree on the market value based upon other available information.

## 3. Notify your County Welfare Department when:

- You sell the property; or
- You have problems selling the property; or
- You decide not to sell the property.

☐ You may want to contact the County on \_\_\_\_\_ to see if you must still spend money to sell this property.

# AGREEMENT TO SELL PROPERTY

**NOTE:** Attach copies of information documenting other resources owned by the family at the time this agreement is signed (e.g., Statement of Facts Supporting Eligibility).

NAME		SPOUSE'S NAME		
CASE NUMBER	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER (SPECIFY STATE)	
ADDRESS OR LOCATION OF REAL PROPERTY	NAME(S) OF OWNER(S)		ESTIMATED CURRENT VALUE	AMOUNT OWED (LOANS, LIENS OTHER ENCUMBRANCES) IF ANY

## CONDITIONS OF AGREEMENT

I (We) understand that my (our) resources are more than the amount which an otherwise eligible family may have and still get cash aid under the Aid to Families with Dependent Children (AFDC) program. I(We) request that cash aid payments be made to me (us) until I(we) can sell the real property described above at its fair market value. I(We) agree to take all necessary and proper steps to sell this real property and to actively continue my (our) efforts to do so until the property is sold or my (our) resources are less than the amount a family may have and still get cash aid. I(We) understand that I(we) have nine (9) months to sell the property and if at the end of nine(9) months the property has not sold and my(our) resources are still over the amount allowed, I(we) will not be eligible for cash aid under the AFDC program. I(We) also understand that I(we) will have to repay the amount of cash aid I(we) get that would not have been paid if I(we) had sold the property on the day I(we) was(were) granted cash aid under these conditions.

SIGNATURE OR MARK	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OR MARK OF SPOUSE	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OF WITNESS TO MARK(S)	CURRENT ADDRESS	CITY, STATE, ZIP	DATE

**AUTHORITY:** W&I CODE 11257.5, MPP 42-213.12

**SOCIAL SECURITY NUMBER:** The number will be used in the administration of the AFDC Program and when coordinating information with other public agencies.

State of California  
Department of Social Services

Manual sg. No.: M42-213E1  
Action : Approve  
Reason: Property  
Title: 9 Month Approval,  
Sale of Property  
Form No. : NA200  
Effective Date : 05/01/87  
Revision Date : 02/07/90

Auto ID No. :  
Flow Chart No. :  
Source : Sidwell  
Regulation Cite: 42-213.12

MESSAGE: As of \_\_\_\_\_, the County has approved your cash aid for up to nine months. Your monthly cash aid amount is figured on this notice.

During the next nine months, you must keep trying to sell the real property you own that is not your home. Your ongoing lien will be used to lower its countable value. If the value of all your property falls below \$1,000, you don't have to sell this real property. You may have to pay back the aid you got when you sell it.

We may stop your aid after nine months if you still own this real property and the value of all your property is more than \$1,000.

Please contact your worker when you sell it.

INSTRUCTIONS: Use to approve aid for nine months when an applicant owns real property other than the home and exceeds the \$1,000 property limit, has agreed to put it up for sale and has signed a lien agreement.

Show the cash aid computation in the right hand column.

State of California  
Department of Social Services

Manual g. No.: M42-213E2  
Action : Rescind  
Reason: Property  
Title: 9 Month Approval,  
Sale of Property  
Form No. : NA200  
Effective Date : 05/01/87  
Revision Date : 02/13/90

Auto ID No. :  
Flow Chart No. :  
Source : Sidwell  
Regulation Cite: 42-213.12, 42-207.1

MESSAGE: As of \_\_\_\_\_, there is no longer a nine month time limit on your cash aid.

Here's why:

The value of all your property is less than \$1,000. You don't have to keep trying to sell the real property that is not your home.

INSTRUCTIONS: Use to rescind the nine month time limit when a recipient's total property value is less than \$1,000 and the cash lien on his/her property is pended as the property no longer has to be sold.

Fill in the date of rescind.

State of California  
Department of Social Services

Manual Pg. No.: M42-213E3  
Action : Denial  
Reason: Property Lien  
Title: Property Lien-Client  
Ineligible for Cash Aid  
Form No. : NA290  
Effective Date : 05/01/87  
Revision Date : 02/26/90

Auto ID No. :  
Flow Chart No. :  
Source : Sidwell  
Regulation Cite: 42-213.12, 42-207.1

MESSAGE: The County has denied your application for back cash aid dated \_\_\_\_\_.

Here's why:

Under the Sidwell Court case,:

- [ ] Your lien amount was used to refigure the value of your property.  
You can't get back cash aid when the value of your property is more than \$1,000. Here's how we figured it:

Property	Value
_____	\$ _____
_____	_____
Less Lien Amount	- _____
Total	\$ _____

- [ ] There had to be a lien placed on your real property so that you could get cash aid. You don't meet this rule.

INSTRUCTIONS: Use to deny cash aid when clients request more aid under the terms of the Sidwell Court case.

Fill in the date of denial. Select the correct response. Show the property computation as necessary.

State of California  
Department of Social Services

Manual Reg. No.: M42-213E4  
Action : Approve  
Reason: Underpayment  
Title: Sidwell Approval of  
Cash Aid Underpayment  
Form No. : NA290  
Effective Date : 05/01/87  
Revision Date : 03/05/90

Auto ID No. :  
Flow Chart No. :  
Source : Sidwell  
Regulation Cite: 42-213.12, 42-207.1

MESSAGE: As of \_\_\_\_\_, the County has approved a cash aid payment of \$\_\_\_\_\_.

Here's why:

The Sidwell Court case told us to use your lien amount to refigure the value of your property. We did this and you were underpaid. You got \$\_\_\_\_\_ and you should have got \$\_\_\_\_\_. The next page shows how much you should have been paid.

INSTRUCTIONS: Use to approve an underpayment based on the terms of the Sidwell Court Case.

Fill in the date of approval and the amount of underpayment. Fill in the cash aid received and the corrected amount.

Use a continuation page to show the correct cash aid computation.